

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

MAR 12 1936

8488

1. PLACE OF DEATH

County..... Registration District No. **791**
 Township..... Primary Registration District No. **1003**
 City St. Louis, Mo (No. City Infermary)

File No.....
 Registered No. **2181**
 St. Ward)

2. FULL NAME

William Suhl
 (a) Residence, No. 5800 Arsenal St., 13 Ward.

(Usual place of abode)
 Length of residence in city or town where death occurred yrs. mos. ds. 13 How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX <u>male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widower</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Catherine</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec. 27 1884</u>		
7. AGE	YEARS	MONTHS
<u>1884</u>	<u>51</u>	<u>1</u>
	DAYS	IF LESS than 1 day, hrs. or min.
	<u>18</u>	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Switchman</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>—</u>	
	10. Date deceased last worked at this occupation (month and year) <u>—</u>	11. Total time (years) spent in this occupation <u>—</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Council Bluffs, Mo</u>		
FATHER	13. NAME <u>George Suhl</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>	
MOTHER	15. MAIDEN NAME <u>Catherine</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>	
17. INFORMANT (ADDRESS) <u>E. Molony, 3800 Arsenal St.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Washington</u> DATE <u>2-20</u> 19 <u>36</u>		
19. UNDERTAKER (ADDRESS) <u>Walter Richtmyer, 3500 Benton St.</u>		
20. FILED <u>FEB 27 1936</u> <u>J. T. Bredeck</u> Registrar.		

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 12 1936

22. I HEREBY CERTIFY, That I attended deceased from
December 5, 1935, to Feb 12, 1936, 1936
 I last saw him alive on Feb 12, 1936. Death is said to have occurred on the date stated above, at 10:30 A.M.
 The principal cause of death and related causes of importance were as follows:
Chronic myocarditis
 Date of onset 930

Other contributory causes of importance:

Name of operation..... Date of.....
 What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide?..... Date of injury..... 19.....
 Where did injury occur?..... (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
 Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify.....
 (Signed) C. E. Smith, M. D.
 (Address) 5600 Arsenal St. St. Louis, Mo

